STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960038	A. BUILDING _____ B. WING _____	C 05/05/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A JACKSONVILLE WOMEN'S HEALTH CENTEI	4131 UNIVERSITY BLVD SOUTH, #2 JACKSONVILLE, FL 32216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS CCR # 2008004818	A 000		
A 400	Recovery Rm Stand.-2nd Trimester Each abortion clinic which is providing second trimester abortions shall comply with the following recovery room standards when providing second trimester abortions: (1) Following the procedure, post procedure recovery rooms will be supervised and staffed to meet the patient's needs. A physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area shall be available to monitor the patient in the recovery room until the patient is discharged. The individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall be observed for as long as the patient's condition warrants. (2) The clinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable fetus to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. The clinic medical records documenting care provided shall	A 400	6/4 Spoke with Crystal - pager system in place so that the pager will continue to beep until answered. Ok for POC Tedstrom	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960038	A. BUILDING _____ B. WING _____	C 05/05/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A JACKSONVILLE WOMEN'S HEALTH CENTEI	4131 UNIVERSITY BLVD SOUTH, #2 JACKSONVILLE, FL 32216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 400	Continued From page 1 accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic. (3) A physician shall discuss Rho (D) immune globulin with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate postoperative period or that it will be available to the patient within 72 hours following completion of the abortion procedure. If the patient refuses the Rho (D) immune globulin, refusal Form 3130-1002, January 2006, " Refusal to Permit Administration of Rh(D) Immunoglobulin ", herein incorporated by reference, shall be signed by the patient and a witness, and shall be included in the patient' s medical record. (4) Written instructions with regard to post abortion coitus, signs of possible medical complications, and general aftercare shall be given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies. The physician will ensure that either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. A contact for post-operative care from the facility shall be available to the patient on a 24-hour basis. (5) Facility procedures must specify the minimum length of time for recovery as warranted by the procedure type and gestation period.	A 400		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960038	A. BUILDING _____ B. WING _____	C 05/05/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A JACKSONVILLE WOMEN'S HEALTH CENTEI	4131 UNIVERSITY BLVD SOUTH, #2 JACKSONVILLE, FL 32216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 400	Continued From page 2 Chapter 59A-9.027, F.A.C. This STANDARD is not met as evidenced by: Based on review of facility documentation and staff interview, the facility failed to provide 24 hour contact for one of three patients (#1). Lack of ability to contact facility staff has the potential to allow for detriment of the patient ' s health. The findings include: 1. Review of facility documentation revealed that the family of Patient #1 had attempted to get in contact with facility staff at 8:00 pm on 4/15/08 in relation to a possible problem with pain and bleeding. Staff did not hear the page, and did not check pager following being out of hearing distance for a short time. The pager did not continue to emit a signal until turned off, so the staff member did not receive further notice of the page. A second page was made by the same person at 9:18 pm, which was answered by the staff member. At that time, staff was informed that due to the non-response, the patient had gone to the Emergency Department to be seen. 2. Interview with staff on 5/5/08 during the investigation revealed that this was the first time in 4 years that missing a page had occurred, and that they were evaluating a system that would continue to alert that a page was missed, but had not made a decision yet, although it had been 20 days since the missed page had occurred. P/O/C Date: 06/05/2008	A 400		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

May 13, 2008

Kelly Martin, Administrator
A Jacksonville Women's Health Center, Inc.
4131 University Boulevard South
Building 2
Jacksonville, Florida 32216

REF: CCR # 2008004818

Dear Ms. Martin:

This letter confirms the findings of a complaint investigation conducted on May 5, 2008, by Rebecca Folsom, Laboratory Consultant of this office.

Attached is your Statement of Deficiencies and Plan of Correction for Licensure requirements which lists the deficiencies found out of compliance as discussed with you and/or your representatives upon completion of the survey. A Plan of Correction for each deficiency is required and must include when and how the deficiency is to be corrected, the responsible person, and how the corrective action will be monitored for future compliance. Please sign, date, and return the Plan of Correction to this office within ten (10) calendar days of receipt.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml, as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Forms** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Your cooperation with our representative is appreciated.

Sincerely,

Nancy K. Marsh

Nancy K. Marsh, R.N.
Field Office Manager
Division of Health Quality Assurance

RBF/kdg
Enclosure
cc: Outpatient Unit - Central Office

Headquarters
2727 Mahan Drive
Tallahassee, Florida 32308
http://ahca.myflorida.com

Field Office
921 North Davis St., A-115
Jacksonville, FL 32209
904/359-6046
FAX 904/ 359-6054